

Washington State Medicaid
CLIENT SATISFACTION SURVEY RESULTS

External Stakeholder Report



Table of Contents

AcknowledgmentsII
IntroductionIII Project Background Project Goals
How to Use This Report
Types of Presentations in This Report
Executive Summary
Summary ResultsIX-X
Bar Charts for Healthy Options Adult Population

Acknowledgments

Thanks to the staff from the Division of Medical Management, Division of Program Support, and Division of Policy and Analysis who assisted in the development of the survey materials, the enrollment materials, and the stakeholder report.

From the Medical Assistance Administration (MAA):

- Peggy Wilson, Section Manager, Managed Care Section
- Barbara Lantz, Nurse Consultant Advisor
- Jeanne Semura, Managed Care Manager
- Marty Weller, Nurse Consultant Advisor
- Tricia Moore, Forms and Records Program Manager
- Andi Hanson, Quality Monitoring Coordinator

We would like to thank:

OMPRO:

OMPRO, a health care Quality Improvement Organization (QIO), provided project oversight and assisted in the development of the enrollment materials and this stakeholder report to disseminate the CAHPS survey results. For more information about OMPRO, please visit www.ompro.org.

Health Services Advisory Group:

OMPRO contracted with Health Services Advisory Group (HSAG), a QIO, to conduct the data analysis and reporting, including the development of this stakeholder report, for the 2003 CAHPS survey. For more information about HSAG, please visit www.hsag.com.

Six health plans conducted the 2003 Adult CAHPS survey. Without their cooperation and timely submission of data, the 2003 CAHPS survey would not have been possible.

- Columbia United Providers
- Community Health Plan of Washington
- Group Health Cooperative of Puget Sound
- Molina Healthcare of Washington, Inc.
- Premera Blue Cross, Inc.
- Regence BlueShield

Sincerely,

Nancy Anderson, MD, MPH

Section Manager

Quality Assessment Improvement and Monitoring

Namey Chicken

This report is designed to enable health plans, the Medical Assistance Administration (MAA), and other organizations to monitor and evaluate the performance of Medicaid Healthy Options and statewide managed care programs in Washington State. Assessments were based on health care services and experiences of adults enrolled in Healthy Options. This report describes the background of the Medicaid Consumer Assessment of Health Plans (CAHPS) survey, the goals of the project, and how survey results may be interpreted by consumers, health plans, and other stakeholders.

Project Background

The CAHPS survey tools were developed under cooperative agreements among Harvard Medical School, the RAND Institute, the Research Triangle Institute, and the Agency for Healthcare Research and Quality. A version of CAHPS has been implemented in Washington State by MAA for seven years. In the CAHPS Adult survey, respondents provide information about their experiences with various aspects of medical care, including:

- Getting Needed Care
- Getting Care Quickly
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Customer Service
- Overall Satisfaction Ratings
 - Rating of Personal Doctor or Nurse
 - Rating of Specialist
 - Rating of All Health Care
 - Rating of Health Plan

A copy of the CAHPS Adult survey instrument is available by calling 360-725-1618, or by sending an e-mail request to geimecd1@dshs.wa.gov. Trend data over the past seven years are also available.

Project Goals

The primary goal of the Medicaid CAHPS project is to provide timely and comparative information to clients to assist them in choosing a health plan. This information was collected through mail and telephone surveys that assessed clients' experiences with the health care system and the services they received through Healthy Options. This year's CAHPS survey results are included in the 2004 Medicaid client enrollment materials.

MAA's second goal is to provide performance feedback that will be used to improve Medicaid clients' outcomes and satisfaction. CAHPS results are being provided to health plans with the expectation that they will be used to identify and correct problems and be integrated into comprehensive performance improvement projects at the health plan, provider group, and individual provider levels of the health care delivery system.

How to Use This Report

This report is designed to allow health plans and other stakeholders to identify key opportunities to improve clients' health care experiences. For this reason, the report focuses on comparisons of health plan performance with other health plans across the state. This report includes data from six health plans for adults enrolled in Healthy Options managed care plans. For this year's results, individual health plans can compare their own plan results to the aggregate information for all Healthy Options managed care plans in Washington State. Results for both group composites and individual questions are displayed in graphic format.

Composites

Given that the survey covers many topics, comprehensive reporting that includes results for each question may be overwhelming to readers. To keep reporting comprehensive, yet easily understood, the national CAHPS consortium developed and tested groupings of related questionnaire items that were used to report most of the survey results. These groupings are referred to as composites. Results for these composites can be more useful to readers than results for each question. Testing during the development of the CAHPS product showed that consumers found these composites easy to understand and were satisfied with the level of detail.

Statistical Significance

The bar graphs represent unadjusted percentages of responses for all questions contributing to the composite for each health plan as well as a summary of all health plans. The case-mix adjusted mean of the categories of responses was computed for the individual plans as well as for the all-plan aggregate. These adjusted means were compared to determine statistically significant differences. *P* values less than 0.05 were considered significant. The comparison group on all graphs depicts frequency distributions for survey data aggregated for all plans or a statewide sample.

Stars were assigned to each health plan's case-mix adjusted mean to indicate whether the plan's performance was significantly better or worse than the statewide mean for all Healthy Options plans. Plans with means that were statistically better than the statewide mean are noted with three stars. Plans with means that were statistically worse than the statewide mean are noted with one star. Plans with means not statistically different from the overall mean are noted with two stars.

Case-Mix

As described above, the stars represent relative ratings of the overall mean for all Healthy Options plans. Given that case-mix may result in differences in ratings between plans that are not due to differences in quality, the overall means are case-mix adjusted so that plans are more comparable. (For further explanation, see "Analysis" section.)

Types of Presentations in This Report

Survey results are presented in several formats in order to help the reader prioritize among the issues respondents raised in the survey. In addition, the report is organized so that it meets the needs of several different audiences. The Executive Summary will appeal to those interested in high-level summary data, while the remainder of the report presents more detail. The following types of presentations are included in this report: a summary table, bar graphs, and survey results.

Summary Table

The table in the Summary Results section provides a quick look at how Healthy Options plans compare to the statewide aggregate of all plans on each of the five composites and four overall satisfaction ratings. As described previously, the stars in this table illustrate statistically significant differences from the aggregate of all Healthy Options plans.

Bar Graphs

A series of bar graphs present composite and individual question-level results for all questions for which Never/Sometimes/Usually/Always, or A big problem/A small problem/Not a problem responses were possible. Some survey items have a 0-10 rating scale as response options. These items were re-coded into three categories so that the formats of the data entered into the significance tests were consistent across all questions.

Graphic displays in this report provide comparative data for individual health plans and aggregated results for all plans. Plans with fewer than 85 responses for a single survey item were not included in the statistical tests and, thus, do not receive a bar. However, individual questions that had fewer than 85 responses were included in the calculation of the composites.

The bar graphs and the stars in this report may sometimes seem inconsistent. For example, a bar graph may show similar results for two health plans, but one plan may receive a higher star rating. This situation can occur because one plan may have a smaller number of responses and requires a larger difference to the comparison mean to yield a statistically significant difference. Also, case-mix adjustments (see "Case-Mix") are taken into account when computing stars, but not bar graphs.

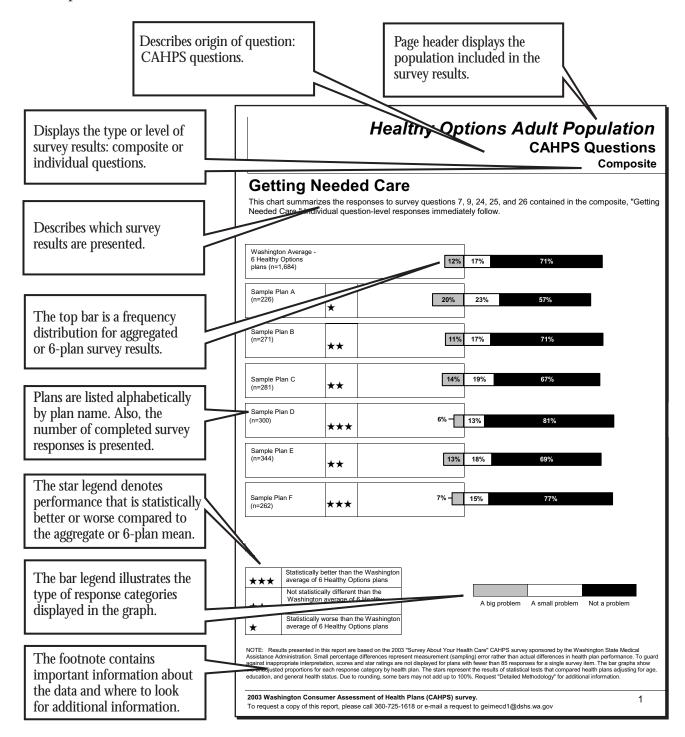
Survey Results

This report presents respondent data for the Healthy Options adult population. The results of each composite are presented in a bar graph along with the frequency of the unadjusted responses for each of the participating health plans and the aggregate of all plans. The results of the comparison of case-mix adjusted means of the health plans to the aggregated adjusted mean are also presented using stars. Following the composite results are similar results for each of the individual survey questions that make up the composite.

How to Read the Bar Graphs

Healthy Options

Below is an explanation of how to read the information presented in the data section of this report.



Study Population

Healthy Options Adult Population

Adults aged 18 years old and older who were continuously enrolled in Medicaid from July 1, 2002 through December 31, 2002 in a Healthy Options plan were randomly selected from Medicaid enrollment data. Up to a one-month break in the enrollment period was allowed.

Sampling Methodology

Healthy Options - Enrollment Data

For each of the six participating plans in Healthy Options, at least 1,350 adults meeting the Medicaid eligibility criteria were randomly selected for the CAHPS Adult survey. Two of the six Healthy Options plans elected to perform a 20 percent over-sample, yielding a total of 1,620 adults sampled for each of these two plans.¹

Survey Process

Surveys were administered to the selected enrollees from the six health plans participating in Healthy Options. In Spring 2003, 8,640 Healthy Options enrollees were mailed cover letters and survey questionnaires. If a survey was not returned within about one week, a reminder postcard was mailed. A second survey was then mailed to non-respondents within 30 days of the first survey mailing. If a questionnaire was still not returned, a second postcard reminder was sent out about one week after the second survey mailing. Non-respondents received follow-up telephone calls (Computer Assisted Telephone Interviews) for several weeks with up to three calls attempted per client.

Types of Questions

This report presents data for three general types of survey questions:

- 1. Questions that asked respondents to rate aspects of their care from 0 to 10, where 0 = "Worst possible" and 10 = "Best possible."
- 2. Questions that asked respondents to report how often something happened, by choosing "Never," "Sometimes," "Usually," or "Always."
- 3. Questions that asked if certain things were "A big problem," "A small problem," or "Not a problem."

Response Rates

The overall response rate for the Washington State Healthy Options population was 28.3 percent. Plan-level response rates ranged from 24.5 percent to 33.7 percent. The actual number of responses varied per question.

VII

¹ National Committee for Quality Assurance (NCQA) protocol permits over-sampling in 5 percent increments up to a 30 percent over-sampling rate.

National Committee for Quality Assurance. *HEDIS*® 2003, *Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2002.

Executive Summary

Analysis

Rounding

Survey response distributions (bars) for individual questions may not always sum to 100% due to rounding.

Case-Mix Adjustment

Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among health plans. Results were case-mix adjusted for health status, educational level, and age. Given that differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics.

In general, the demographics of a response group influence CAHPS results. In order to allow for valid plan-toplan comparisons, case-mix adjustment was performed to control for differences in health status, age, and education. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment).

Statistical Analysis

Tests of statistical significance were performed on the Healthy Options population. First, a global F test was performed to determine if any of the adjusted plan means differed significantly from the adjusted Healthy Options state mean. If the global F test revealed that plans did differ significantly, independent t tests were performed to determine if each plan's adjusted mean differed significantly from the overall adjusted state mean. An alpha-level of 0.05 was used to determine statistical significance (i.e., p < 0.05). Please note, results for plans with fewer than 85 responses for a single survey item or composite are not reported.

For additional information on the methodology utilized, please request a copy of the "Detailed Methodology" from MAA. For general information on CAHPS, please visit the CAHPS Survey Users Network (CAHPS-SUN) Website at http://www.cahps-sun.org.

Summary Results

Healthy Options Adult Population CAHPS Composites and Overall Satisfaction Ratings

			Composites				Ratings	ngs	
	Getting	Getting	How Well	Courteous	Customer	Rating of	Rating of	Rating of	Rating of
Health Plan	Needed Care	Care Quickly	Doctors Communicate	and Helpful Office Staff	Service	Personal Doctor	Specialist	All Health Care	Health Plan
Columbia United Providers	**	**	**	**	***	**	**	**	**
Community Health Plan of Washington	**	*	**	*	*	**	**	**	*
Group Health Cooperative	***	***	**	***	**	**	**	**	***
Molina Healthcare of Washington	*	***	**	**	**	**	**	**	**
Premera Blue Cross	**	***	**	**	**	**	**	**	**
Regence BlueShield	**	**	**	**	**	**	**	**	**

Summary of Composite Results and Overall Ratings for CAHPS Questions

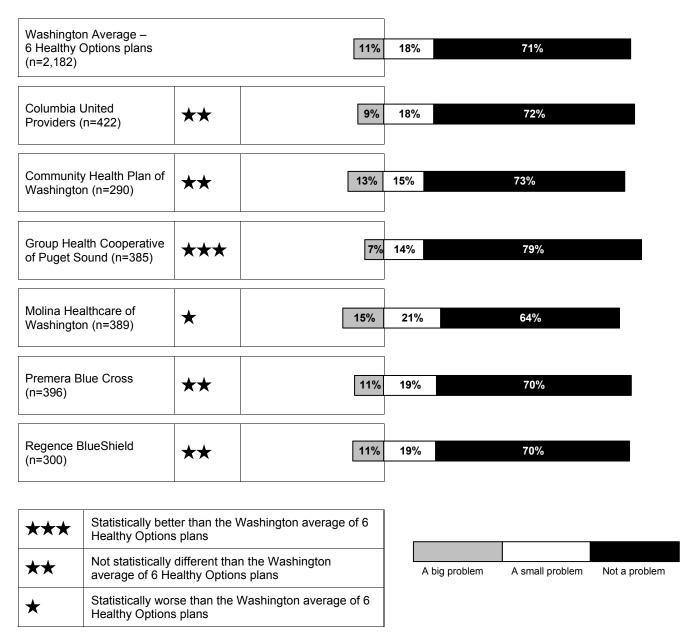
This table summarizes statistically significant differences between each plan's general adult population and the Washington general adult population average of 6 Healthy Options plans for each of five composites and four overall ratings questions. The overall ratings questions asked respondents to rate their personal doctor, specialist, all health care, and health plan.

***	Statistically better than Washington average of 6 Healthy Options plans.
**	Not statistically different than Washington average of 6 Healthy Options plans.
*	Statistically worse than Washington average of 6 Healthy Options plans.
NA	No ratings displayed where there are fewer than 85 responses.

This page intentionally left blank.

Getting Needed Care

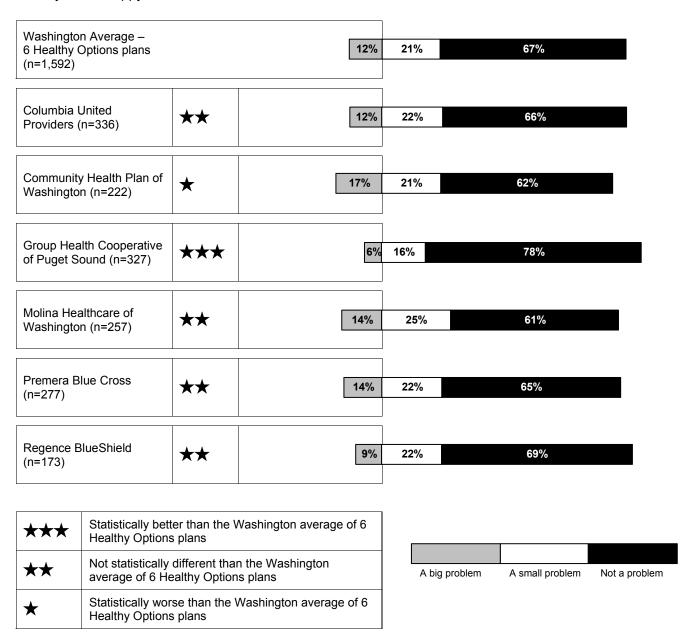
This chart summarizes the responses to survey questions 7, 9, 24, 25, and 26 contained in the composite, "Getting Needed Care." Individual question-level responses immediately follow.



Question 7

Getting Needed Care

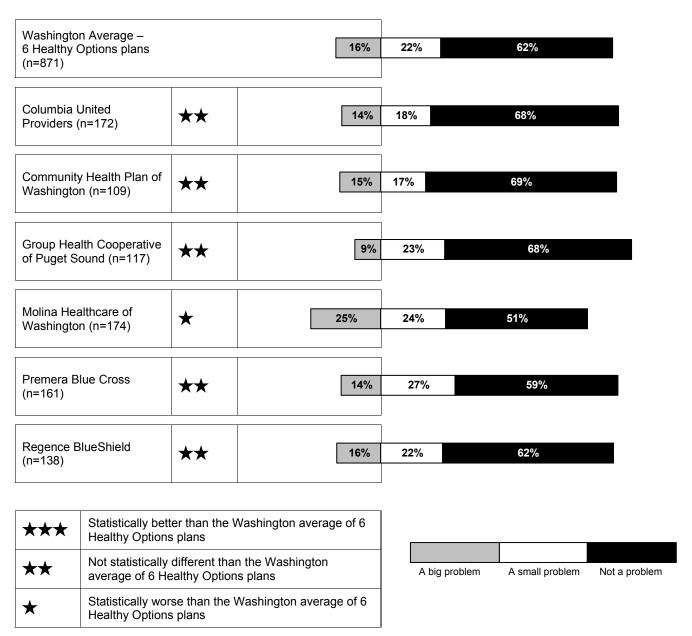
Q7. "Since you joined your health plan, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?"



Question 9

Getting Needed Care

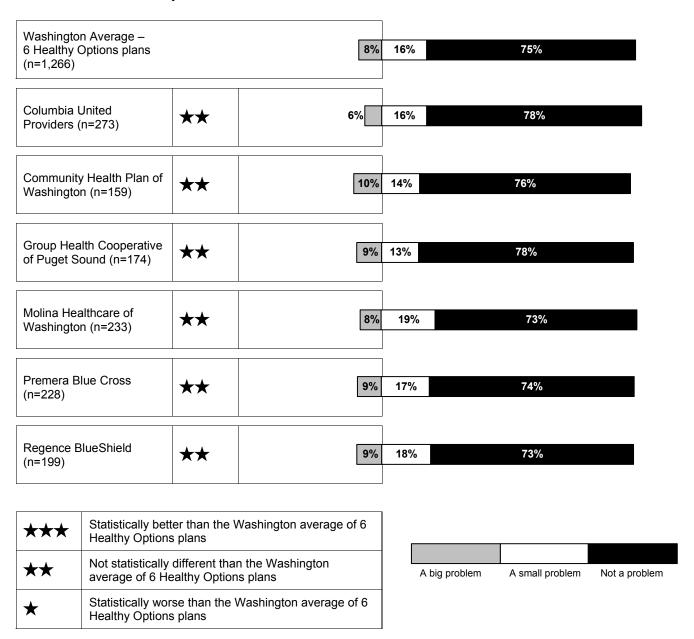
Q9. "In the last 6 months, how much of a problem, if any, was it to see a specialist that you needed to see?"



Question 24

Getting Needed Care

Q24. "In the last 6 months, how much of a problem, if any, was it to get the care, tests or treatment you or a doctor believed necessary?"



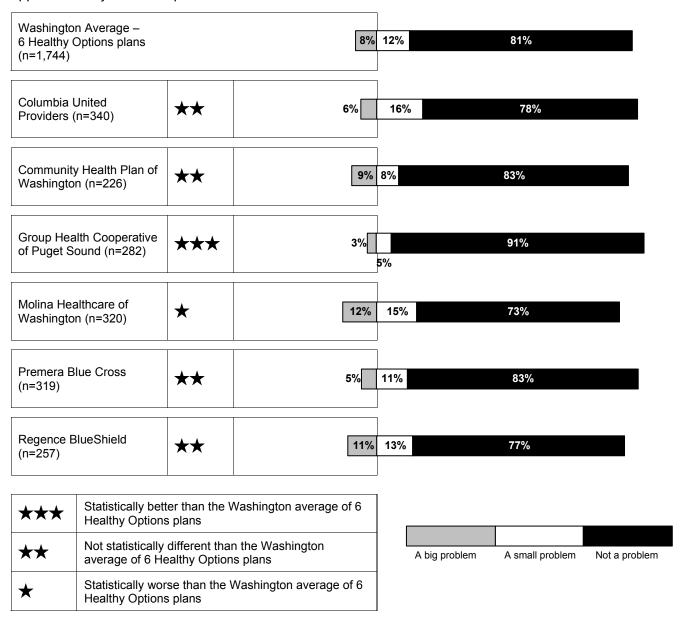
Questions 25 and 26

Getting Needed Care

Q25 and Q26 are combined to create a single item:

Q25. "In the last 6 months, did you need approval from your health plan for any care, tests or treatment? If a member responds with "No" to Q25, then this item is scored as "Not a problem." If a member responds with "Yes" to Q25, then the item is scored utilizing the response to Q26.

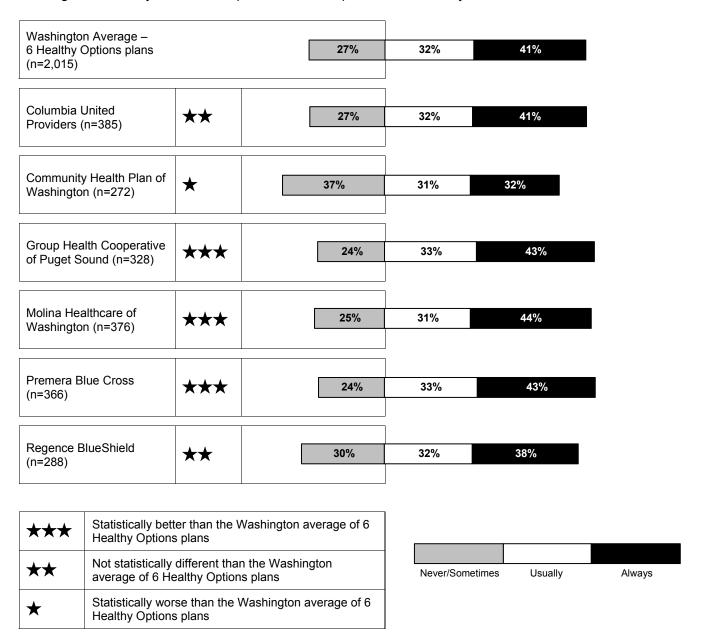
Q26. "In the last 6 months, how much of a problem, if any, were delays in health care while you waited for approval from your health plan?"



Composite

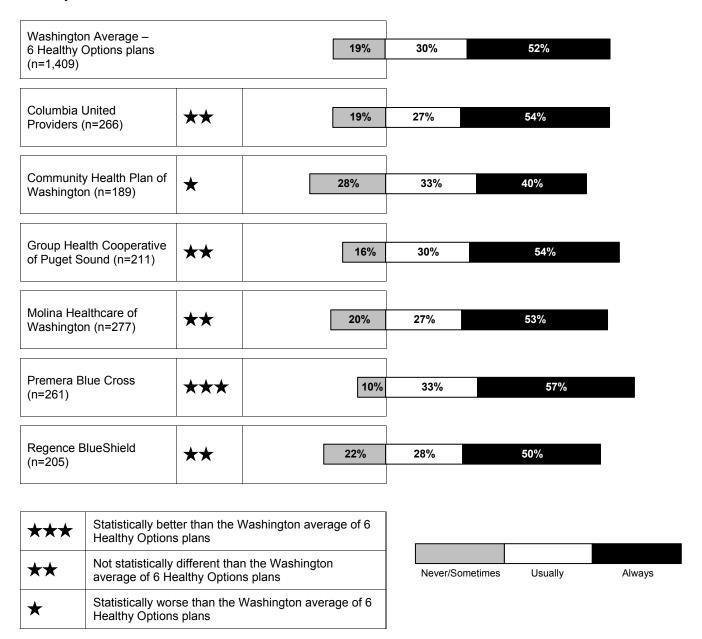
Getting Care Quickly

This chart summarizes the responses to survey questions 14, 16, 19, and 27 contained in the composite, "Getting Care Quickly." Individual question-level responses immediately follow.



Getting Care Quickly

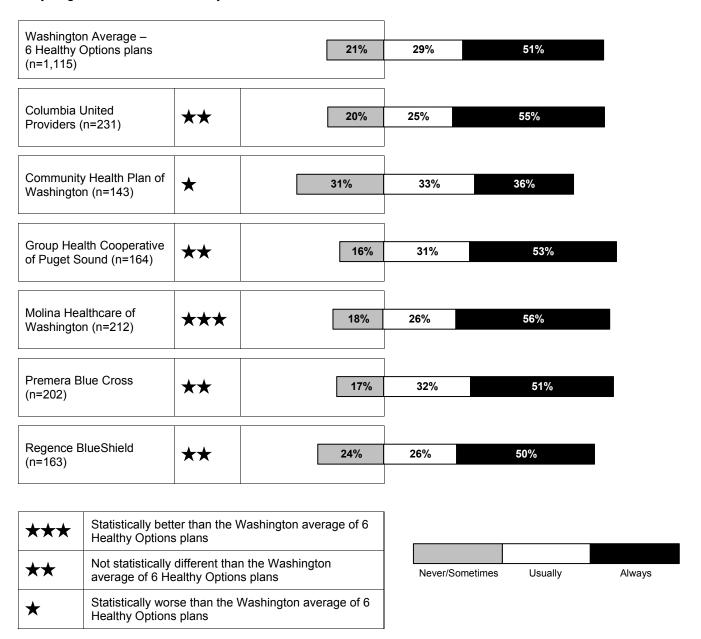
Q14. "In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?"



Question 16

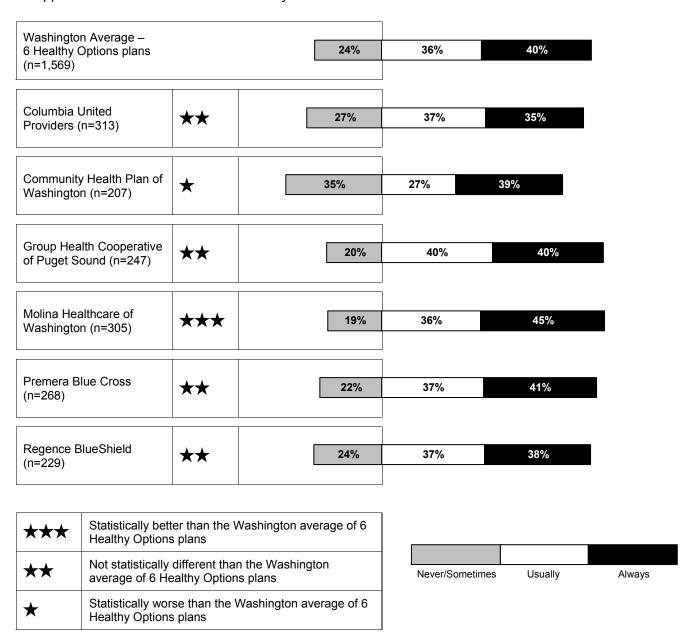
Getting Care Quickly

Q16. "In the last 6 months, when you needed care right away for an illness, injury, or condition, how often did you get the care as soon as you wanted?"



Getting Care Quickly

Q19. "In the last 6 months, not counting the times you needed health care right away, how often did you get an appointment for health care as soon as you wanted?"

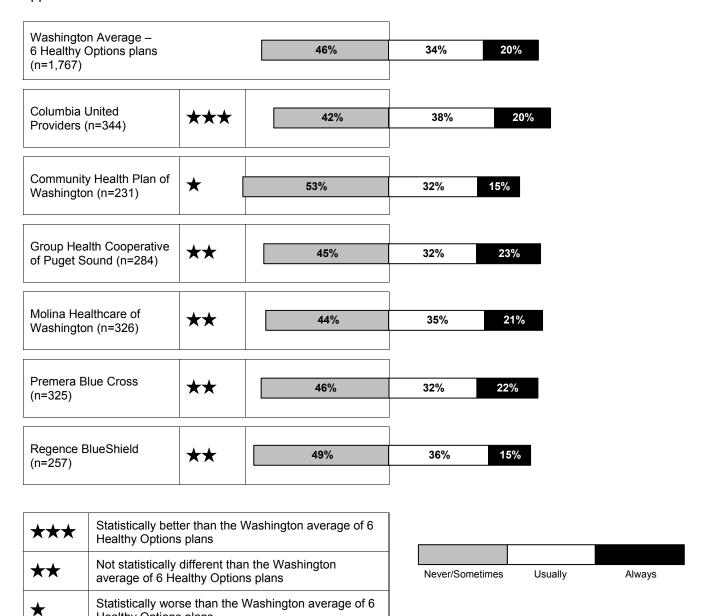


Question 27

Getting Care Quickly

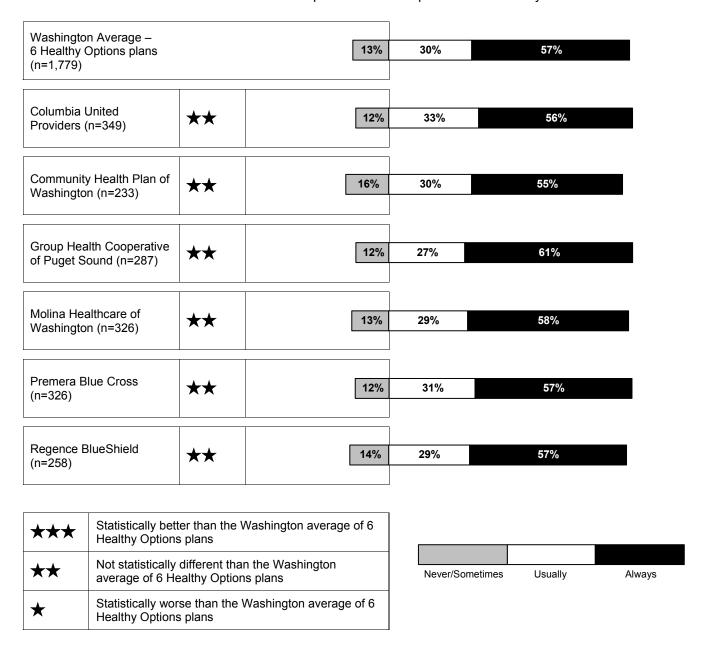
Healthy Options plans

Q27. "In the last 6 months, how often were you taken to the exam room within 15 minutes of your appointment?"



How Well Doctors Communicate

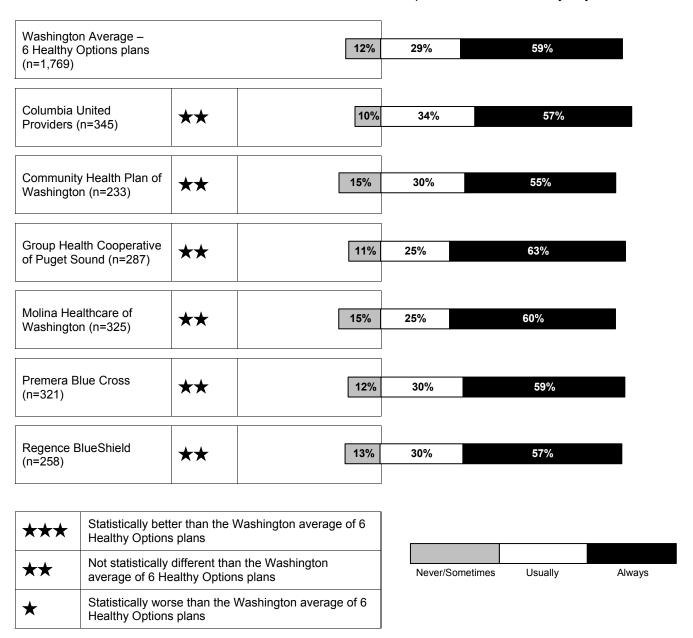
This chart summarizes the responses to survey questions 30, 32, 33, and 34 contained in the composite, "How Well Doctors Communicate." Individual question-level responses immediately follow.



Question 30

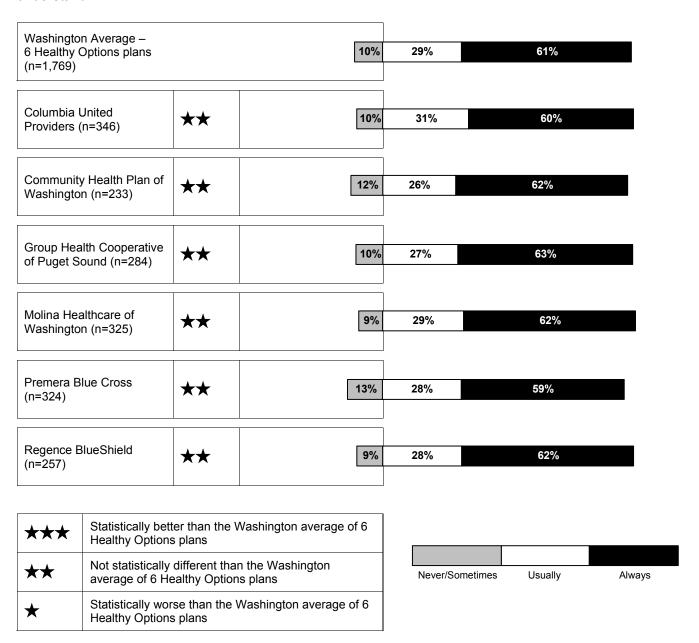
How Well Doctors Communicate

Q30. "In the last 6 months, how often did doctors or other health providers listen carefully to you?"



How Well Doctors Communicate

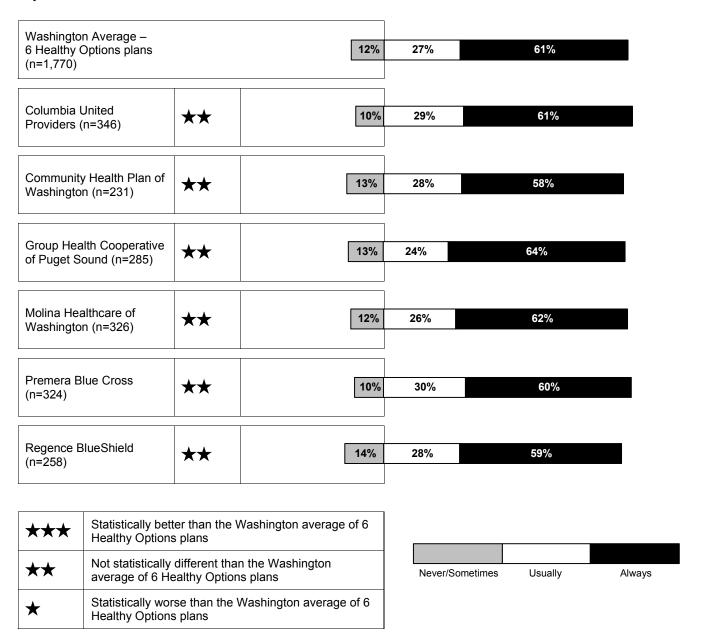
Q32. "In the last 6 months, how often did doctors or other health providers explain things in a way you could understand?"



Question 33

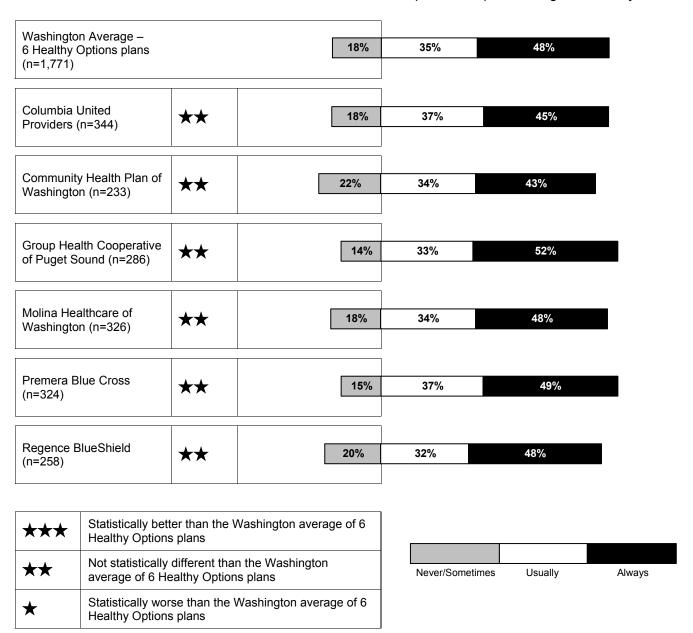
How Well Doctors Communicate

Q33. "In the last 6 months, how often did doctors or other health providers show respect for what you had to say?"



How Well Doctors Communicate

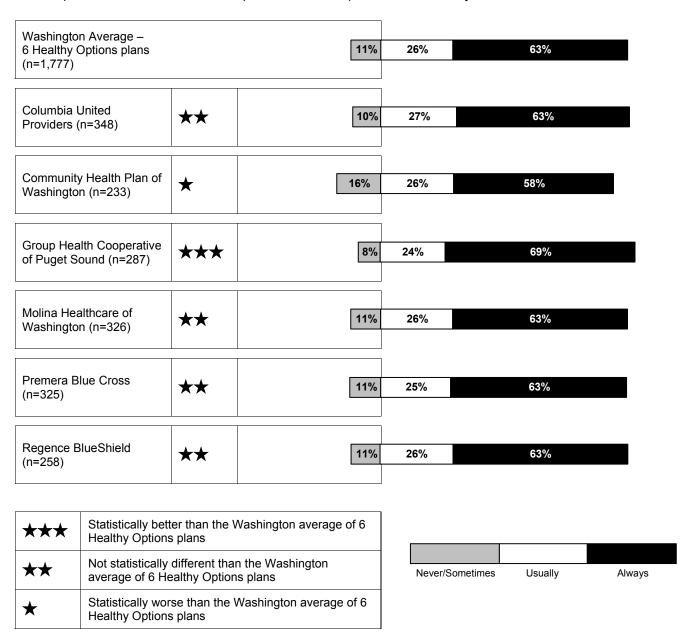
Q34. "In the last 6 months, how often did doctors or other health providers spend enough time with you?"



Composite

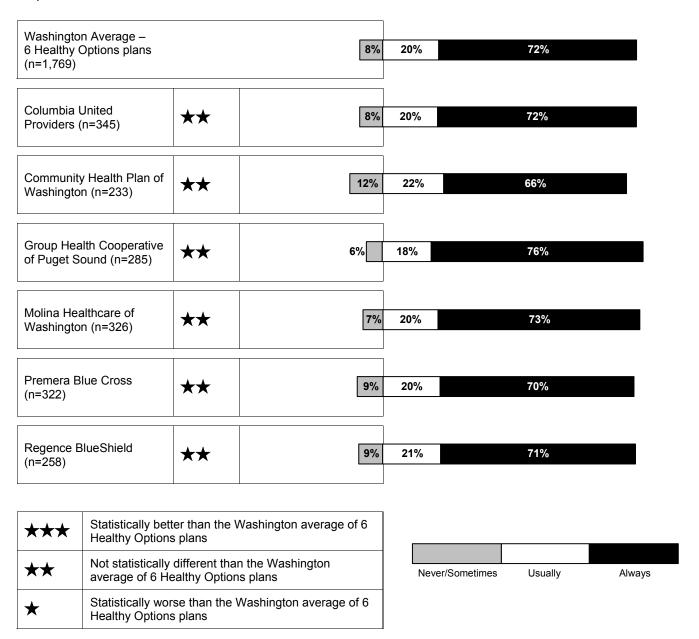
Courteous and Helpful Office Staff

This chart summarizes the responses to survey questions 28 and 29 contained in the composite, "Courteous and Helpful Office Staff." Individual question-level responses immediately follow.



Courteous and Helpful Office Staff

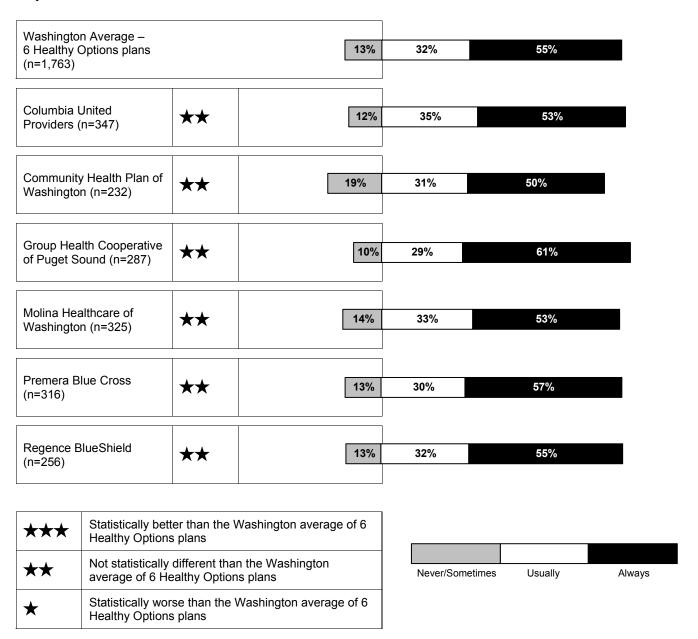
Q28. "In the last 6 months, how often did office staff at a doctor's office or clinic treat you with courtesy and respect?"



Question 29

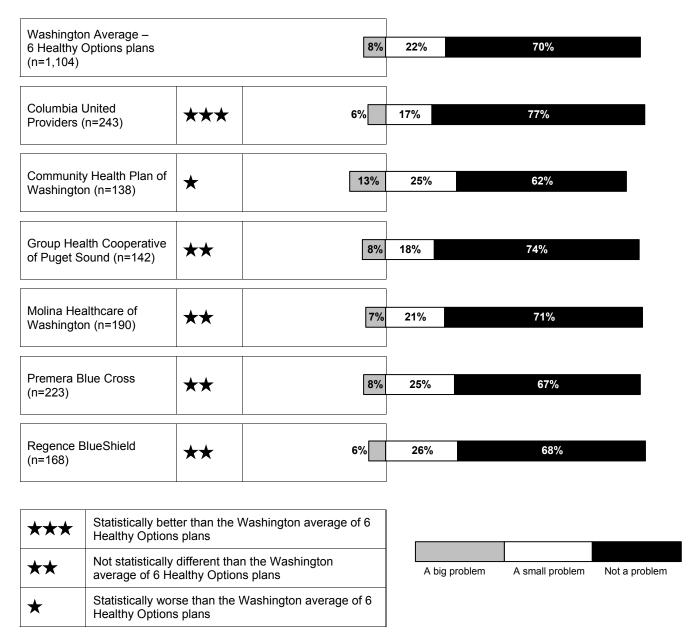
Courteous and Helpful Office Staff

Q29. "In the last 6 months, how often were office staff at a doctor's office or clinic as helpful as you thought they should be?"



Customer Service

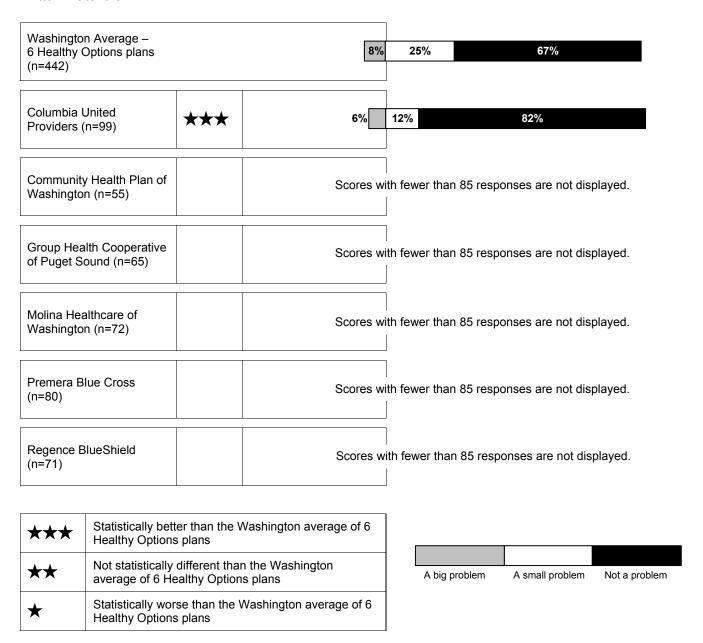
This chart summarizes the responses to survey questions 43, 45, and 51 contained in the composite, "Customer Service." Individual question-level responses immediately follow.



Question 43

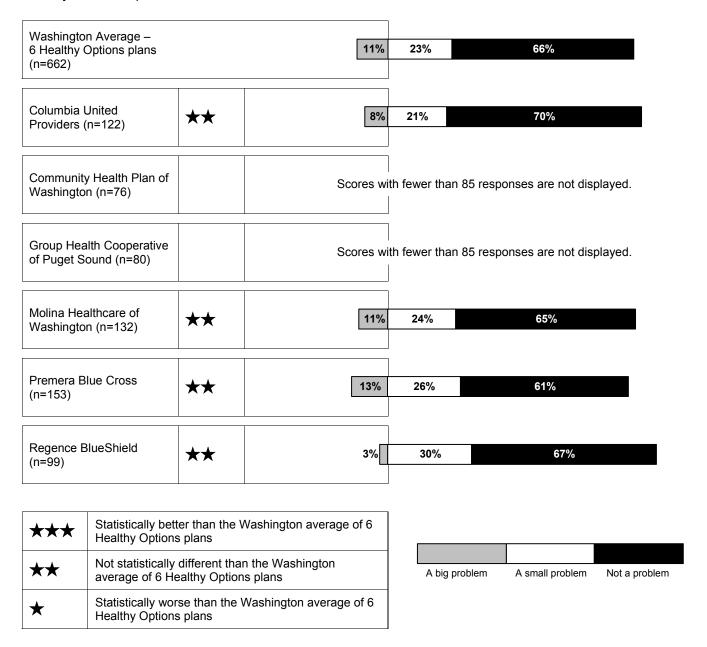
Customer Service

Q43. "In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?"



Customer Service

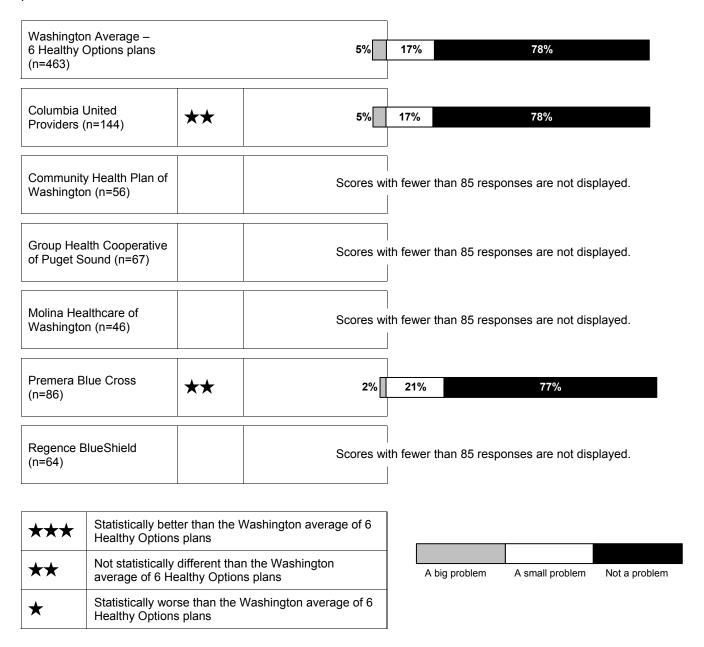
Q45. "In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your health plan's customer service?"



Question 51

Customer Service

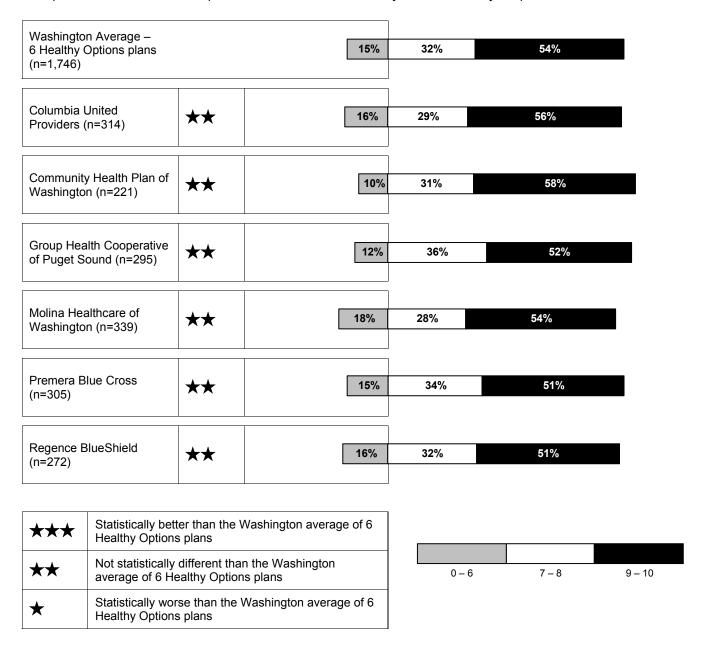
Q51. "In the last 6 months, how much of a problem, if any, did you have with paperwork for your health plan?"



Healthy Options Adult Population CAHPS Questions Global Rating

Rating of Personal Doctor or Nurse

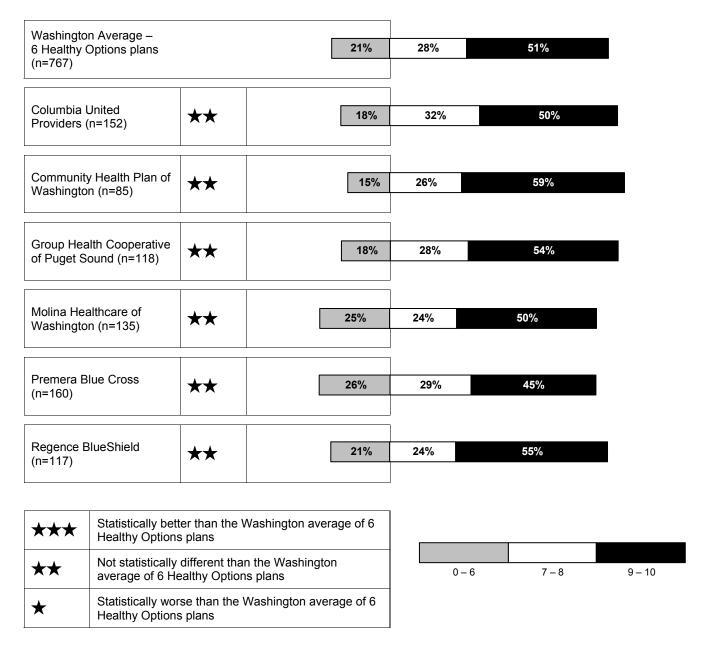
Q5. "Using any number from 0 to 10, where 0 is the worst personal doctor or nurse possible and 10 is the best personal doctor or nurse possible, what number would you use to rate your personal doctor or nurse?"



Global Rating

Rating of Specialist

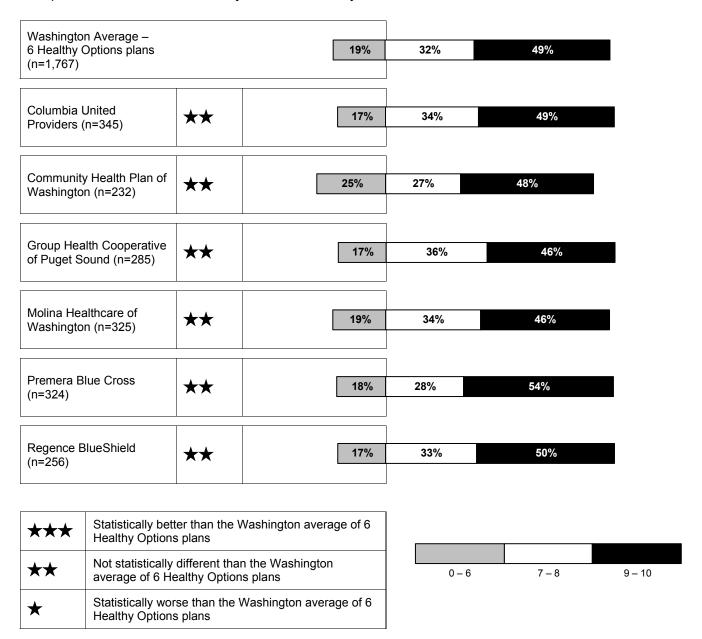
Q11. "We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate the specialist?"



Healthy Options Adult Population CAHPS Questions Global Rating

Rating of All Health Care

Q35. "Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?"



Global Rating

Rating of Health Plan

Q52. "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?"

